APPLICATION DATA SHEET

IAPOTECUPETIPIO 26 MAY 2008

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Sequence submission?:: No

Title:: SECURE PAYMENT SYSTEM

Attorney Docket Number:: 48335-227033

Request for Early Publication?:: No

Request for Non-Publication?:: No

5 Suggested Drawing Figure?::

Total Drawing Sheets: 5

Small Entity?:: No

Petition Included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: Australia

Status:: **Full Capacity**

Given Name:: Hector Middle Name:: Daniel

Family Name:: **ELBAUM**

City of Residence:: **Templestowe**

State or Province of Residence::

Victoria

Country of Residence:: Australia

Street of Mailing Address:: 5 Beavis Court

City of Mailing Address:: **Templestowe**

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 3106 **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: Andrew

Family Name:: Jamieson

City of Residence:: Brunswick

State or Province of Residence:: Victoria

Country of Residence:: Australia

Street of Mailing Address:: 12 Harrison Street

City of Mailing Address:: Brunswick

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 3057

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: Australia

Status:: Full Capacity

Given Name:: David

Family Name:: McGregor

City of Residence:: Wheelers Hill

State or Province of Residence:: Victoria

Country of Residence:: Australia

Street of Mailing Address:: 2 Pineview Close

City of Mailing Address:: Wheelers Hill

Country of Mailing Address:: Australia

Postal or Zip Code of Mailing Address:: 3150

Representative Information		
Representative Customer Number::	23973	
Contact Name:	Gregory J. Lavorgna	
Contact Number:	(215) 988-3309	

Domestic Priority Information				
Application::	Continuity Type::	Priority Application::	Parent Filing Date::	
This application	35 USC § 371 of	PCT/AU2004/001663	November 26, 2004	

Foreign Priority Information				
Country::	Application number::	Filing Date::	Priority claimed::	
AU	2003906527	November 26, 2003	YES	

Assignee Information		
Assignee Name::	Point of Pay Pty Ltd	
Street of Mailing Address::	26 Harker Street	
City of Mailing Address::	Burwood	
State or Province of Mailing Address::	Victoria	
Country of Mailing Address::	Australia	
Postal or Zip Code of Mailing Address::	3125	